COLORADO INDIGENT CARE PROGRAM

FISCAL YEAR 2014-15

MANUAL

SECTION VI:

CLIENT AFFIDAVIT and APPLICATION

EFFECTIVE: JULY 1, 2014

COLORADO INDIGENT CARE PROGRAM (CICP) CLIENT APPLICATION

Check if Emergency Application □												
SECTION I: Applicant Information												
Last Name			First Name			Phone	Numbe	r ()		
Address					/Zip							
Household Members (First & Last Names) Residenc y Code		Relat	Birth Date	Social Security or		Ineligibility Codes						
		ion Code				Medicaid and CHP+						
1		Code		State	e ID #	A	В	С	D	E	F	
1 APPLICANT		1										
2												
3												
4												
5												
6												
7												
Other Information:												
Reference Codes												
	aid & CHP+ Ineligibility Codes											
	Received Medicaid OR CHP+ denial letter, attached to application											
D	Applicant is not a U.S. citizen and has not been a legal resident for at least 5 years or have refugee status											
C Trans	Transitional Medicaid Benefits discontinued											
Over	Income for Medicai	d <mark>AND·</mark>										
\mathbf{p}	☑ NOT A CHILD											
≥ N	OT PREGNANT OT DISABLED											
I IN	OI DIBABLED											
E Has I	Has Primary Insurance- Not Eligible for CHP+											
F Other	Other (Explanation Required)											
Relation Codes: 1 Self 2 Spouse 3 Child 4 Stepchild 5 Other												
Residency Codes:	racidant & US aitizan		4	Migron	t farm "	jorker &	docume	nted les	ral ime	niaront		
 Colorado resident & US citizen Migrant farm worker & documented legal immigrant Non-resident, counted in family size only 												
3. Migrant fa	arm worker & US citiz	en				ble, cour ily size o	nted in fa	mily si	ze only			